

this adaptation may be permanent. In order to accomplish these different steps, Dr. Pravaz has contrived a variety of mechanical apparatus, which seem very complicated, and which we shall not attempt to describe. Plates illustrating them are appended to his book, and also to that of Dr. Carnochan, to which we beg to refer our readers. In addition to these means, M. Guérin advises the subcutaneous section of the muscles which resist the reduction; and, when the formation of a new socket, the old one being too small, seems impossible, he recommends scarification of the periosteum near the cotyloid cavity, in order to induce the effusion of plastic ossifiable matter.

In concluding this somewhat lengthy notice of these two volumes, we cannot do better than to apply to their authors the sentiment which Dr. Pravaz expresses in his introduction while speaking of the improvement which has been attained in the treatment of this deformity: "The hope of a certain cure, excepting in some rare cases, will be to families a consolation which they have not until now enjoyed, and which they will appreciate with gratitude towards science, and towards all those who have participated, directly or indirectly, in securing for them such a benefaction."

F. W. S.

ART. XIII.—*The Transactions of the American Medical Association.* Vol. II. Printed for the Association. Philadelphia, 1849: pp. 956.

THE bulk of this volume is sufficient, of itself, to show that the members of the Association have not been idle during the last year; and, if its quality be brought to the test, we feel satisfied it will prove that, in numerous instances, their time has been well employed. The several reports are certainly not of equal merit; but they all display commendable industry and research, and more than one among them is entitled to credit for literary and scientific excellence. On the whole, we are content that such a volume should go before the world, to illustrate the condition of medicine in the United States; provided it be known that it contains everything presented to the Association at its last annual meeting, without sifting, and without emendation. Unless this fact were kept in mind, it would be altogether unjust to compare these "Transactions" with any others bearing a similar name, but in which only the more deserving memoirs are allowed the honours of the press.

In noticing the several reports, we shall, for convenience sake, disregard the order in which they appear in the volume.

I. *Minutes of the Second Annual Meeting, &c.*—The meeting of the Association at Boston was very large, comprising nearly five hundred members, and its business was conducted with much dignity, harmony, and decorum. There seemed to be a general understanding that whatever did not directly concern the interests of the Association, and of the profession, should be excluded from discussion; and thus it happened that the hydra heads of constitution mending were quietly excised whenever they shot forth. In this was great economy of time and feeling; and we may be permitted to hope that so good an example will not be without its influence hereafter.

A new committee was, however, appointed to report upon a subject in which every citizen, as well as every physician, has an interest—we mean forensic medicine; and it was so constituted as to include several gentlemen whose acquaintance with the judicial relations of insanity will enable them to

correct many of the errors into which medical witnesses, as well as courts and juries, fall.

A committee was also appointed to prepare a memorial to Congress, on the subject of an international copyright law. We believe that the Association may claim the honour of being the first public body to move in support of that indefeasible right of authors, which legislators have long neglected, and which common justice, as well as the interests of our own literature, requires to be recognized. This honour will be immortal, should the appeal succeed; but, even with an adverse issue, it is well worthy to be coveted.

A resolution was adopted, recommending the system of *concours* in hospitals, colleges, and other institutions in which medical appointments are to be made. This counsel we earnestly hope may be followed, not only because the *concours* is more likely than any other method to ensure a proper choice among the candidates, but because it opens a field in which many besides the successful combatants may be trained to knowledge and skill. Nothing is better adapted to infuse scientific spirit into a professional community than the preparation for, and the progress of, such an intellectual passage of arms.

We were gratified to find that the Association refused to entertain a resolution commendatory of "popular lectures designed to enlighten the public mind in relation to the new position of medical men in their relations to society." Such lectures infallibly lead to popular skepticism, and, like works on the evidences of religion, pervert more than they convince. Let the medical profession be judged by its fruits; trusted in, because its members are wise and skilful; loved, because they are benevolent, patient, and kind. If they possess these qualities, they will, in a wholesome state of society, receive their reward; if they have them not, the people will never accept as true, their own exposition of medical merit, nor regard as deserving of reverence a profession that stoops to solicit the suffrages of the ignorant. In what esteem would we hold the lawyer, or the theologian, who should demand audience of our Association for the purpose of showing the claims of his science to our regard? Have we a demand to make of a legislature, we may honourably set forth our *rights* to be heard, founding them upon our valuable public services. We seek that for which we have paid a price. But such an application is, we apprehend, very different from begging, *cap in haud*, the favourable opinion of a miscellaneous audience, and in such a presence standing sponsor to the respectability of a profession upon whose head rests the glory of more than two thousand years.

II. *Report of the Committee on Medical Education.*—This report contains a more elaborate account of medical education in the United States than has hitherto been published, with a comparative statement of the courses pursued in European colleges, and of the requisites for graduation, and for entrance into the medical corps of the army and navy, in this and in foreign countries. This committee, of which the chairman was Dr. F. C. Stewart, deserve high praise for the industry which must have been employed in collecting so large a mass of important materials, and for the candour, judgment, and clearness with which they have discussed the subjects confided to their care. They have placed upon record, in an accessible form, data from which every honest inquirer may learn the humiliating lesson of our deficiencies, and also the surest method of raising our plan of medical education to a respectable level. We entreat physicians to reflect upon the facts and suggestions contained in this report, and, having weighed them well, to adopt such a course of action in the local and the national associations, as will tend to the gradual but certain removal of the obstacles which oppose our

scientific advancement. In this notice, it is not possible to enumerate all of the points of interest which present themselves; but we shall endeavour to indicate some among the most prominent, and to assign, where it is necessary, reasons for our dissent from the conclusions of the committee.

It appears that there are thirty-eight schools of medicine in the United States authorized to confer the degree of doctor of medicine. From thirty-three of these, the committee received answers to a list of queries relative to the number of professors in each school; the duration of the sessions; the requisites for graduation; the number of the students, and of the graduates of each, &c. These answers are presented in a tabular form, and are singularly uniform in their tenor; but it is remarkable that several of the schools which are notoriously deficient in imparting sound and accurate medical instruction are precisely those which would appear from this document to afford superior advantages to the student; so that, were a foreigner to consult the table, he would probably conclude those colleges to rank the highest, which, in reality, occupy the very lowest point in the scale of merit. One of several explanations which may be given to this apparent paradox is that, while the branches announced as being taught, the duration of the courses, &c., are nearly alike in all of the schools, the ability of the several corps of professors is very different indeed; so that the standing of a particular school may be eminent, although its requisitions are inferior, and another may be held in slight esteem, although its published rules may represent a higher system of education. We have here an illustration of the maxim, so well proved in all the affairs of life, that good administrators are better than good laws, where the two cannot be conjoined.

The annual number of graduates has gone on increasing from 1031 in 1845, to 1421 in 1848, and even these extraordinary numbers are not complete! With little more than one-half the population of France, we create every year more than four times as many doctors! How excessive is the number even of these who may be presumed to have some knowledge of the art of medicine! But when, in addition, we reckon those whose instruction is limited to what they may learn in the office of a country practitioner, the rejected candidates for a degree, the students who have perhaps attended but a single four months course of lectures, and who all possess the same legal right to practice as the most eminent physician in the land, it is astonishing that the medical profession can exist at all, or that so large a portion of it maintains a character for respectability and learning. Again, the power of personal virtue to counteract the mischievous influences of bad laws is made apparent. In the absence of laws for its protection and encouragement, the medical profession has nobly resisted the temptations to emancipate itself from self-government, which the debasement of its art has placed around it, and, to a praiseworthy degree, has remained uncontaminated by the society into which its members have been compelled. The report before us shows, in a striking manner, how legislators have leagued with nominal physicians, and with open quacks, in attempting to destroy everything that is distinctive of the educated physician; and in this manner to stimulate the multiplication of schools, and encourage them to flood the country with traders in physic, and ignorant meddlers with human life. New Jersey, Louisiana, and Michigan are the only States in which a license to practice medicine is required, and, in the first of these, we have the best authority for stating that the law is to a great extent inoperative. In not less than thirteen States, including New York and all of New England, except Rhode Island, former laws, which required some test of competency, have been repealed; and in Georgia and

Delaware, special acts have been passed to promote particular systems of quackery! The remaining States, including Pennsylvania, have abstained from all legislation upon the subject of medicine. It is difficult to believe that the noblest of sciences, and the most humane of arts, should have been thus either neglected or abused by the lawgivers of a nation that claims to be not only civilized, but at the head of civilization.

Amongst the subjects discussed by the committee, is clinical instruction. Its paramount importance is insisted upon, as well as the fact that, in several even of our best colleges, the student has no opportunity of studying the course and treatment of disease, while in Europe the hospital is, of all other places, the one he is expected and required to frequent. But since, as our professional orators delight to proclaim, the American practitioner is the first in the world, he may perhaps obtain his sagacity and skill intuitively, while the duller brains of transatlantic students require to be daily cudgelled at the patient's bedside. It might not, however, be amiss to ascertain, by actual experiment, how far the quickest natural parts may be perfected by the lessons of a competent clinical instructor. We say a *competent* instructor, because the greater number of private practitioners are not in the true sense competent, and hence their instruction to private pupils, excellent as it may be in some matters of routine, is but a sorry substitute for the lessons of an accomplished clinical teacher. It is gratifying to know that the Association sustained the committee in their views of hospital instruction, as well as in their condemnation of amphitheatrical exhibitions, when offered as a substitute for the legitimate mode of teaching how to observe and treat disease.

The committee report that the recommendation of a six months lecture term has been respudded to by several colleges, while others have adopted a less degree of extension. One or two institutions, however, after adopting the longer term, have returned to the old system, alarmed, we presume, at the prospect of their students resorting to less scrupulous establishments. One even, the Medical Department of Harvard University, presented, through the committee on education, a set defence of the four months term. The Association allowed it to be published in its Transactions, but, at the same time, appointed a special committee with instructions to prepare and publish, along with the other paper, a defence of the six months term, and of the principles which led the Association to recommend it. This duty has been executed, and the report of the committee, of which Prof. Samuel Jackson was chairman, appears in the volume before us. It will, we think, be found unanswerable in its arguments by every one who has had an opportunity of observing the defects of medical education among us, and who looks upon medicine as a science that no intellect can exhaust, an art that no skill can fully perfect, rather than as a trade to thrive upon, or a profession of some historical respectability, and therefore convenient to belong to.

The long experience of Professor Jackson as a public teacher, his successful cultivation of medical science, and his extended intercourse with physicians from every part of the country, entitle his view of the actual condition of medicine to peculiar respect. It is from such well-founded knowledge that he infers the necessity of lengthening the lecture term as "one of the primary and most essential steps to be taken," in order that the profession may be enabled to perform its duties to science, to the public, to medical students, and to itself. If a large proportion of those who commence the study of medicine are destitute of literary or classical education; if a very large number of graduates in medicine are, and continue to be, ignorant of many important

and even elementary branches of medical science; if that science is but partially and imperfectly taught in the schools; and if the public have lost faith in a profession which offers no outward sign by which its meritorious can be distinguished from its worthless members, then it is high time that the first and most feasible step towards improvement should be taken, by lengthening the term of public instruction. Such is the *argument* of the paper before us, and no one, we suspect, will be bold enough to say that it is not logical and rational. Its validity, however, rests upon the correctness of the data which it assumes. Some persons who measure the culture of the profession by their own imperfect acquisitions, or who estimate its state by their own limited experience, or who have their judgment warped by being placed in a position which compels them to cater to that popular medical conceit which is only an index of their ignorance who indulge it: some such, we say, and possibly a few good-natured persons also, who resent being disturbed in the enjoyment of their optimism, may regard the estimate of the report as unduly harsh, or, possibly, as exaggerated. Now, a great many of the proofs upon which this estimate rests are, in their nature, unfit for publication. Yet it is no reason why they who possess them should refrain from exposing the professional ignorance which they demonstrate. We have heard a severe censure cast upon those who allege that various schools graduate ignorant and incompetent persons, and have even seen a formal challenge to produce the facts which give colour to the accusation. Such proofs it is impossible to bring forward, in all their nakedness, because they involve names and personal character; yet the facts themselves are notorious. It is an odious task to expose the errors and delinquencies of individuals; but it is a duty which humanity and the common interests of our calling lay upon every honest physician to point out the influences which appear to him calculated to degrade a noble art, and too often make those who should be the ministers of health, its most dangerous, because unsuspected, enemies. In such a procedure, there is no harshness but what duty and justice command.

We have not yet chanced to hear of any one, except the very respectable medical faculty of Harvard University, who attempts to maintain that a lecture term of four months is in itself superior to one of six months. Wherever a preference is avowed for the shorter period, the plea is necessity. The *students will not* be detained. To admit such a reason is to invert the order of nature. To be consistent with its spirit, all of the schools should adopt the plan of those convenient institutions where a mechanic can be metamorphosed into a doctor between November and August; or, if it be possible in such a deep to find a lower depth, they should issue diplomas by lottery, or sell them for a song. We have no apprehension lest any respectable school should be so mischievously consistent with the unsafe principle of expediency which is now so generally avowed; but it is certain that some of them are treading upon treacherous ground. They ought, we respectfully submit, to give more heed to the voice of the profession which has been uttered so frequently and distinctly, as well by local societies as by the National Association.

The Association, let it not be forgotten, originated in this very purpose, that the lecture term must be lengthened; and at every annual meeting the same purpose has been reiterated. With the committee, we believe that it must ultimately prevail; but not, certainly, in every one of the thirty-eight schools which dot the map of the United States. If eight or ten should adopt the longer term, they will be enough to educate all the physicians which the country really needs; the remainder will then settle down to their just level as secondary institutions, and their graduates must be content to occupy a

corresponding position in the profession. We do not, however, look upon the adoption of the six months term in any other light than as a *means* of giving the student a more thorough education, and especially of separating the study of the elementary from the practical departments. The folly of allowing a first course student to attend lectures on surgery, obstetrics, and the practice of medicine, is so obvious, that one cannot understand why it has not long since provoked some change adapted to avoid so egregious an error. Nearly, if not quite, all of the students who reside in our large cities attend three courses of lectures, of which the first includes the elementary branches alone; while students from a distance, and who, unlike the former, will perhaps never be able to enter a lecture-room after graduating, seldom pursue more than the two courses required by the rules. We repeat it, then, the six months term must be insisted upon. The vast majority of enlightened physicians are in its favour. If there are institutions which feel that they have not strength enough to furnish a proper medical education, it were far better that they should avow their condition at once, and consent to take inferior rank, rather than to maintain as a general principle what is only a matter of expediency for them, and to clog the action of other schools, which have the will and the power to take the lead in the medical education of the country.

In discussing the question, whether or not independent boards of examiners would more effectually guard against the graduation of incompetent students than the plan which now prevails, the committee state that opinions are divided in regard to the propriety of seeking for such legislation as the former method requires. They represent the profession as maintaining, on the one hand, that it is competent to protect its own interests, and, on the other hand, that our governments should extend support to medical education. This, we apprehend, is not the real issue. We believe, on the contrary, that they who are the most earnest in exhorting physicians to trust only to themselves, are most fully persuaded of the duty which civil government owes to the members of a profession who devote their lives to the arts which create civilization. They discourage an appeal to our legislators, not because it is unreasonable, but because experience has proved the appointed guardians of our civil rights to be hostile to the interests which we defend. The record already given of their treatment of medical license laws affords conclusive evidence of this truth. With such doctrines as are now rife in the world, there is less room than ever for hoping that a law could be passed to deprive of their occupation the horde of pirates who pillage the public of money, health, and life. It would be denounced as a retrograde and aristocratical movement, and would assuredly secure to all who voted for it a speedy retirement from the political arena. Such being the case, it is in vain to cite the excellent results of examining boards in the army and navy. In these departments of the public service, subordination is the vital principle; the rights and duties of every rank are clearly defined; by their very constitution, quackery cannot exist in them; they are essentially creatures of the law, and its protecting and salutary hand is perpetually upon them. In civil life, insubordination is the pervading principle; ignorance and brutality for ever thrust merit to the wall, and the hoarse shouts of the vulgar drown the gentle pleadings of science and of art. What we ask for is exclusive privileges; for to propose that the law should hedge in our profession by exacting from it higher acquirements, without at the same time repressing the impostures which perpetually threaten to blast it with their poisonous shadow, would, we humbly submit, be an act of suicidal madness. Lawgivers would receive this

prayer of ours much as they would a petition to establish a state religion, and they would very plausibly urge that, if men are capable of deciding what spiritual treatment is fittest for their souls' salvation, they are at least equally competent to choose those who shall minister to their bodily ailments.

If, then, there is no hope at present of obtaining the only condition under which legislation for medicine would be desirable, is it not better that we should rest upon our own resources to purify and raise our calling so far as we may be able, and to wait patiently for a better day? Meanwhile, indeed, there may be some means employed to enlighten those who have it in their power to withhold our rights, and who do now withhold them; and we would suggest that the American Association adopt a resolution, and address it to the several State governments, declaring in its opinion that laws should be passed to organize medical education and suppress quackery. The sentiment of the medical profession would be thus placed prominently upon record; the seed would be planted, and, if opportunely watered, would at last bear fruit.

III. *Report of the Committee on Medical Literature.*—This report is the production of the late Dr. J. P. Harrison, whose sad fate it was to fall a victim to the cholera of last summer, when he had already passed through the harassing toils and anxieties of a terrible epidemic, and was about to seek the rest which he had so well earned, and which the state of his health commanded. In this, one of his last communications to the profession he so fondly loved, the reader will recognize that earnest manner, and generous, genial spirit, which he possessed in so remarkable a degree. Consisting, as it does, in a great measure, of an enumeration of the more prominent original essays and works which had appeared during the year of Dr. Harrison's service, along with a brief, passing criticism upon many of them, we shall not attempt to analyze the report, but merely note the fact so characteristic of the author's amiable temper, that it exhibits no acerbity of criticism, but a very laudable effort to accomplish a most difficult task, that of rendering justice to every one.

In the concluding portion, the literary defects of the profession are very properly referred to the want of elementary instruction, and especially to the neglect of writing as a part of the medical duties of the student in his preceptor's office. It is proposed that, to encourage the study and practice of medical literature, prizes should be offered by medical societies for essays upon endemic diseases, indigenous drugs, &c., and that a pecuniary or an honorary distinction should annually be conferred on the best thesis presented in each of the medical schools. The propriety of rendering medical libraries more widely useful is also warmly urged.

In these suggestions, we altogether concur, and cordially recommend them to the attention of the several institutions which they concern. Especially do we recommend that the superior excellence of a thesis should bring to its author some distinction fitted to excite emulation, stimulate zeal, and cause the recipient of the honour to be remembered by his classmates. Of the fourteen or fifteen hundred theses presented every year, there must certainly be some that deserve a better fate than to share with dust and vermin the dark closet in which their predecessors are entombed. And this we say with a full knowledge of the worthlessness of the great mass of inaugural theses. But it must be remembered that they are worthless chiefly because no encouragement is held out for productions of a better quality. The student will seldom exert himself to prepare an experimental essay, or one that requires original literary research, so long as he can maintain the same level with his fellows by tacking together the shreds and patches of his lecture notes and

text books. It may well be doubted whether the former custom of publishing the thesis of every graduate was not, after all, the best incentive to a just ambition. In not a few instances, the essay shadowed forth the success or failure which awaited the author in his professional career. A. S.

IV. *Report of the Committee on Medical Science.*—This report, prepared by Dr. L. P. YANDELL, of Louisville, Kentucky, is an exceedingly well drawn up and interesting one. The committee state that they set out with a determination to conform as strictly as practicable to the letter of the constitution, but they had not proceeded far before they abandoned the plan of restricting themselves in their retrospect to medicine at home. Though by extending its range, the report has doubtless been rendered more interesting, still we conceive that this course was not judicious. We have already as full a summary of the progress of foreign medicine in the semi-annual publications of Rauking and Braithwaite, and in the summaries of the various medical journals, as can be prepared, and it is therefore a work of supererogation to reproduce them before the Association. Moreover, the committees are directed by the constitution to report only on the progress of medical science in America during the year of their appointment, the object being to present in a more authoritative form than could otherwise be done, the claims of American physicians to improvements and discoveries in our science. The Association, in accordance with this view, adopted a resolution (*Trans.* p. 46) directing the attention of the committees in future to this restriction.

The report of Dr. Yandell, being itself a digest, does not admit of an abstract being presented, nor would this be desirable, as most of the articles have already appeared in our pages. The subject treated of most in detail is that of etherization, and Dr. Yandell presents us a very full and well prepared summary of the therapeutic application of ether in the various forms of disease in which it has been used, and a brief notice of the cases in which alarming symptoms and death have resulted from its administration. In his appreciation of the uses of ether and chloroform, Dr. Yandell displays commendable candour and good judgment.

"From all the facts before us," he remarks, "it appears that these agents are capable of destroying life, though, in a vast majority of instances, they may be used with perfect safety; that chloroform, especially, is, to some constitutions, a prompt and certain poison, the more to be dreaded because, in the present state of our knowledge, we possess no antidote to its fatal powers. That they are by far our most potent and reliable antispasmodics, and capable of varied and important therapeutical applications. That, in some cases, advantage is derived from a combination of chloroform and ether; and that, in some, where one has failed to secure anæsthesia, the other will accomplish the end desired. That they act with most energy when taken through the lungs, in the shape of vapours; but that they may be administered with good effect by the stomach, or applied locally for the relief of pain. That chloroform should be used with great caution, and only by professional men; that care, during its inhalation, should be taken to secure a due admixture of atmospheric air with its vapour; and that its inhalation ought to be suspended as soon as insensibility is obtained. That, finally, with all the drawbacks upon them, anæsthetics form a most precious contribution to the resources of our art." I. H.

V. *Report of Committee on Practical Medicine.*—This report, like everything from the pen of its industrious author, Dr. D. FRANCIS CONDIE, displays careful research, and an intimate acquaintance with professional literature. The committee have confined themselves to an account of such epidemic dis-



cases, occurring during the year, as they have been able to find noticed in the journals, among which are typhus fever, erysipelas, small-pox, scarlatina, measles, dysentery, cerebro-spinal meningitis, yellow fever, and cholera. To present a full and satisfactory description of all the epidemic and endemic diseases, which have prevailed during the year, the report states would require a committee differently constituted, embracing a larger number and the individuals of which would be located in the several sections of the Union. It appears to us to be well worthy of consideration, whether it would not be better to organize the committee hereafter in accordance with this view, and to restrict their duties to the subjects of endemic and epidemic diseases. As at present constructed, the duties of this committee interfere to some extent with those of the Committee on Medical Sciences.

In connection with this valuable report, the committee present four interesting communications:—

"The first, from Dr. Garrison, of Swedesboro, New Jersey, giving an interesting notice of the prevalent diseases in that neighbourhood, during the past year.

"The second, from Dr. Wyman, of Cambridge, Mass., giving an account of the dysentery, as it prevailed in that place during the years 1847 and 1848.

"The two others, from Dr. Fithian, of Woodbury, New Jersey; the one, on the bilious fever as it appears in that State; and the other, on erysipelas of the respiratory mucous membrane."

I. H.

VI. *Report of the Committee on Surgery.*—In this interesting report, its author, Dr. N. R. SMITH, of Baltimore, does not attempt to notice all the creditable achievements in surgery published in the journals, but endeavours to embody such information as has been furnished, in reply to a circular addressed to various surgeons throughout the country, and presents such results as have fallen under his own personal observation, indulging for this purpose in retrospection, at least so far as regards such improvements as have not yet been presented to the profession.

The employment of anæsthetic agents is the first topic discussed in the report. The author is an enthusiastic advocate for the use of these agents in operative surgery. He prefers the chloroform to ether, and considers that "the employment of these agents for obviating pain in most severe surgical operations is now not only justifiable, but the imperative duty of surgeons." While he admits it to be "a rational inference, that any agent, sufficiently powerful to render the living system insensible to the pain of a severe surgical operation (lithotomy, for instance), must exert a tremendous influence on the vital powers," and "that such powerful impressious will sometimes be injuriously exerted,"—"that that which is so powerful for good, will occasionally be equally so for evil, and that, since the first introduction of chloroform, there has been reported no less than fifteen striking cases of death, regarded as plainly attributable to the administration of this agent," nevertheless, he says that "the individual who subjects himself to its influence ought to feel no more apprehension than he who takes his seat in a railroad car, and much less than one who essays a voyage across the Atlantic."

We are not disposed to discuss, at present, the value of anæsthetic agents in operative surgery; but, we may be allowed to say, we are not prepared to admit that they may be employed with as little apprehension as Professor Smith conceives. Since his report was written, the number of fatal cases from the use of chloroform has multiplied, and we have reason for believing that some instances in which fatal, and many in which very injurious results have followed its use, have occurred, which have not yet been made public.

Dr. Smith speaks of the gutta serena as very useful in the mechanical treatment of fractures, and states that he has employed it with great satisfaction in fracture of the patella and of the leg, and that Dr. Miltenberger, of Baltimore, is now employing this form of splint in a case of ununited fracture after resection.

Dr. Pope, of St. Louis, has used a strip of lint, saturated with collodion, as a splint in the treatment of fractures in children, with happy results.

Dr. Smith describes an apparatus for the treatment of fractures of the lower extremities, which he has employed with gratifying results for the last twenty years. As no account of it, in its present form, has been previously given, we subjoin the description:—

“In devising this apparatus, three important indications were held in view: 1st. To furnish a support to the whole inferior surface of the limb, accurately adapted to its forms, so that there shall be no galling pressure, productive of suffering and of muscular contraction. 2d. To suspend the member in the apparatus by a single cord, of considerable length, so that it should obey all the accidental and necessary motions of the body, thus obviating all strain at the place of fracture. 3d. To effect extension by a gentle and uniform traction applied to the apparatus, which grasps the whole member.

“As the apparatus is subjected to the examination of the Association, minute description will be unnecessary. It is composed of a thigh portion, and a leg portion, united by a kind of hinge, which allows their angle of union to be varied. Each portion is composed of wooden side pieces, united by bows of iron beneath. The thigh and leg rest on slings attached to the side pieces, and capable of being adjusted perfectly to the shape of the limb, which nowhere touches the skeleton of the apparatus. The foot is received into a shoe, which is attached by an adjusting thumb-screw to a metallic plate, which unites the ends of the side pieces of the leg portion. The shoe may be rotated outward or inward, and the toe elevated or depressed, by touching the thumb-screw. There is mechanical provision, at the knee and at the foot, for shortening or elongating the apparatus. Injurious pressure in the perineum is obviated by appending a movable, padded, crutch-like piece to the inner and upper extremity of the thigh portion.

“A metallic, padded hip-piece, also movable, is appended to the upper and outer extremity, through which the apparatus is attached to the trunk by a strong band.

“The foot is secured by lacing the shoe; the leg is confined in the splint by its own weight, and by a bandage. The thigh is covered by a flexible splint of wood, padded above the patella. The whole is suspended to the ceiling, or tester of the bed, by a single cord, attached below the knee, near the centre of gravity of the limb and apparatus. The cord ascends with slight obliquity from the trunk, so as to make gentle traction on the limb.

“It is obvious that, by adjusting the bands on which the limb rests, perfect equality of support may be furnished. The suspension by a single cord allows the member to yield to the slightest tendency to motion in the trunk, and thereby obviates all strain at the place of fracture. The obliquity of the cord effects the extension, the whole apparatus grasping the limb.

“The overlapping and shortening of the fragments, in fractures of the femur, are attributable more to the sliding downward of the body in the bed, to which there is always a tendency, and the jamming of the upper fragment upon the lower, than to the contraction of the muscles. This is entirely obviated by the suspension, the apparatus yielding to the movement. Patients, indeed, in this apparatus, can vary their positions at will, obviating the tedium of one unvarying posture, the production of bed-sores, &c. &c.

“This apparatus is applicable to all fractures of the lower extremity from hip to foot. In fractures of the neck of the femur, the hip-piece identifies it, in regard to motion, with the trunk. Prof. Geddings, of Charleston, has tested its usefulness in this fracture, in a case in which its employment effected bony union within the capsule. (*American Med. Journal*, Vol. XIII, N. S., p. 248.)

“In fractures at, or below, the middle of the leg, the thigh portion may be removed.

"This apparatus is now almost exclusively employed in Baltimore, and in the State of Maryland. It has also, to some extent, been introduced into the army and navy. On shipboard it has been found to obviate completely the suffering caused by the rolling of the vessel."

Lithotripsy has been by many considered ineligible in very young subjects, on account of the narrowness of the canal, and the unmanageableness of the patient. Dr. Smith has, however, performed lithotripsy with Jacobson's and Heurteloup's instruments, "on infants two years of age, in no less than four instances, and on several other very young subjects. In one respect, he has found the operation more certain than on adults. The bladder expels the fragments more promptly. He has been somewhat discouraged with the operation on old subjects, from the fact that fragments small enough to pass with facility have been retained for months, probably on account of the columnar condition of the bladder. He has performed lithotripsy twice on the paralyzed bladder, not a drop of urine ever being discharged except by the catheter. The removal of the stone was effected partly by bringing away at each operation, with Civiale's modification of Heurteloup, a pinch of the calculus in the beak of the instrument, and partly by washing away the debris with a syringe, through a large, double-barrelled catheter."

Professor Willard Parker, of New York, has communicated to the committee an interesting case illustrating the efficacy of pressure, by means of imposed weights, in the cure of traumatic aneurism, resulting from the "application of the ligature for the cure of spontaneous aneurism. Hemorrhage had occurred on the ninth day after the operation, and from that time traumatic aneurism began to develop itself, and bleeding was occasionally repeated, notwithstanding the use of compresses, bandages, &c. The operator resorted to manual compression, and it was maintained faithfully by assistants for seventy-two hours, with apparent success; but pulsation returned, owing to hypertrophy of the heart. The surgeon then resorted to the following expedient: he prepared a compress of folded adhesive plaster, the plaster-side out, two and a half inches long, and of the size of the finger. This he placed longitudinally along the artery, beneath Poupart's ligament, so as not to interfere with the return of the blood by the vein. Another—similar, but flat, and one and a half inches wide—was superimposed, and prevented the displacement of the first. Over the whole were placed a compress of linen and the spica bandage. A bag of shot, weighing five pounds, was then placed upon the part, with the effect of subduing the pulsation completely. After five days, this was replaced by another, weighing two pounds, which was continued for two days. Complete success crowned the ingenious expedient."

After noticing the case of ligature of subclavian by J. M. Warren, of Boston, published in this Journal (Number for Jan., 1849), Prof. Smith refers to a case, never previously reported, in which he performed this operation. The ligature came away on the eighth day—no hemorrhage occurred, and the case resulted happily. The artery was ascertained to be exceedingly tender at the moment of the operation, the ligature being felt to divide the inner tunics with very slight constriction. This case is also interesting on account of the extreme circumstances under which the operation was performed, the tumour being of large size, having ceased to pulsate, and having caused complete paralysis of the arm by pressure. The patient was also in an exceedingly feeble condition, with a pulse of 140.

I. H.

VII. *Report of the Committee on Obstetrics.*—This report is from the pen of Dr. C. R. GILMAN, of New York. Although, from the late period at which the task of preparing it devolved upon him, in consequence of the

illness of the original chairman of the committee, Dr. Gilman was prevented from embracing all the materials which fell legitimately within its scope, the report is still a highly interesting one; equally creditable to its author and to the Association.

After noticing, briefly, the circumstances which imposed upon him, so suddenly and unexpectedly, the labour of preparing the report, without the time adequate for its satisfactory performance, Dr. G. proceeds to consider the recent improvements and observations in reference, first, to the accidents and diseases peculiar to the non-pregnant female; and, secondly, those which relate especially to matters within the province of obstetrics proper.

Under the first head, the report notices briefly the attention which had been paid, during the preceding year, to the pathology and treatment of the congestions and inflammations of the os and cervix uteri. The general adoption of the speculum as a means of diagnosing these affections is pointed to as the chief cause of our more accurate knowledge of their true character and consequences, and of our increased facilities and success in their treatment and cure.

Uterine displacements, their diagnosis, and the means proposed for their removal, are next referred to, as having engrossed a large share of professional attention during the preceding twelve months. The report alludes to the opinion advanced, within a few years, by Professor Simpson, of Edinburgh, and advocated by many practitioners in this country and abroad, that displacements of the unimpregnated uterus are of not uncommon occurrence; and that to such displacements are attributable much of the suffering of the non-pregnant female, the true cause of which had been previously overlooked. The instruments that have been invented to replace and retain *in situ* the dislocated organ, are pointed out, and a brief summary presented of the arguments that have been adduced for and against their employment.

That very considerable displacement of the uterus may take place in the female who has already borne children, and to a less extent, even in the virgin, is unquestionably true. But, before we invent and improve instruments to remedy such displacement, it is all important to inquire into its true cause, and the train of symptoms to which it actually gives rise. Whether the displacement is not in fact a mere result of antecedent disease in the uterus itself; and whether the mere replacement of the organ is calculated to remove all the existing evil in any case. What is the result of observation and experience in reference to these questions? Upon this subject, the report is silent. We are not aware that any extended series of accurately established facts was within the reach of the committee. The subject, however, is an important one, and, considering the views that have been advanced in relation to it by Dr. J. H. Bennet, of London, as the result of ample and confirmed experience, we think it one demanding a candid and cautious examination on the part of all who have the opportunity of testing, by clinical observations, how far the teachings of the latter gentleman, or the suggestions of Professor Simpson, are founded in truth. While we admit that displacement of the non-pregnant uterus, in a female who has borne children, is of frequent occurrence, and that, to a certain extent, it may also occur in those who have never borne children, yet we confess, we are yet unconvinced that such displacement, even when present, is the true or sole cause of the train of evils that have been ascribed to it.

A brief notice is taken of the new operation for remedying occlusion of the vagina, performed by Dr. Hayne, of Charleston, South Carolina.

The subject of ovariectomy receives but a passing comment. The committee

express no opinion as to its propriety, nor have they presented any of the statistics calculated to lead to a just appreciation of its results. Condemned as an operation unjustifiable under all circumstances by some of the highest authorities in the profession, ovariectomy, nevertheless, continues to be performed by one of the physicians of this State, with a degree of boldness, and, thus far, of success truly surprising. A plan for the removal of ovarian tumours, proposed by Mr. Tilts, is recommended for further trial by the committee. It is the destruction, by caustic, first of a portion of the walls of the abdomen, and then of the adherent portion of the tumour. To say nothing of the severe prolonged pain of this operation, which the committee think may be obviated by the use of chloroform, we can conceive of objections to it even more weighty than those which have been brought against the extirpation of the diseased ovary by the knife.

The second part of the report is occupied, almost exclusively, with an exposition of the recent plan for the management of cases of placenta prævia, and an examination into the safety and advantages resulting from the use of anæsthetic agents to control the sufferings and facilitate the progress of labour.

The propriety and success of detaching the placenta in those cases of labour in which it is found to be implanted at the neck of the uterus or over the os tincæ, are fairly examined, and the facts and arguments adduced by the advocates and opponents of the practice are succinctly but clearly presented. The committee believe that the weight of well-observed and honestly-detailed facts proves that the detachment of the placenta from the uterine parietes does certainly check the hemorrhage, upon which alone depends the danger in cases of placenta prævia; but, at the same time, think that the practice should be confined to cases of undeveloped cervix uteri.

The question of anæsthesia in midwifery, its propriety, safety, and advantages, is considered at some length. The committee depend mainly, in their investigation of the subject, upon the facts and illustrations adduced by Dr. Channing in his work on the use of these agents in child-birth; and, certainly, they could not have selected as the expounder and advocate of the practice one more acute, skilful and industrious, though, perhaps, as is true of nearly all zealous partisans, somewhat one-sided. The subject is confessedly one of great importance in all its bearings. If, with entire safety to the mother and child, we can not only banish the pains of labour, but, at the same time, as it is contended, render the process more easy and rapid, by the use of anæsthetic agents, no humane obstetrician should, for an instant, hesitate to employ them. Still, many distinguished practitioners entertain reasonable doubts as to the propriety and safety of a resort to these agents during parturition; and, until these doubts are satisfactorily removed, the practice cannot become general. In the report before us, will be found a candid and faithful summary of the objections which are urged against the production of anæsthesia in labour. These objections are deserving of a candid consideration; for though, as the committee remark, they have failed to carry conviction to their minds, there are many experienced and judicious accoucheurs who insist upon their validity.

Appended to the report, are the histories of two cases of retroflexion of the uterus: the one by Dr. A. C. Post, of New York; the other by Dr. B. W. McCready, of the same city. Both occurred in females who had borne children, and in both the mal-posture of the uterus was readily rectified by the aid of Simpson's uterine bougie. In the first case, the os tincæ was ascertained to be in a diseased state, and in the other, judging from the symptoms present, we should infer that uterine disease was also certainly present. Now it is

to us very doubtful whether the sufferings of the patient, in either of these cases, were solely or even mainly caused by the mal-position of the uterus; and whether their removal is correctly to be attributed to the replacement of the organ. May not both the displacement and its attendant symptoms have been altogether the result of the diseased condition of the organ? Our own experience has led us to adopt the views advanced by Dr. Bennet, of London, who refers the retroflexion of the uterus to preceding engorgement and inflammation of its os and cervix; and we are inclined to believe that, in place of attempting, by the use of instruments, to replace the uterus in its natural position, the more rational practice is, by an appropriate treatment, to remove, first, the diseased condition of the organ; when, if the displacement should still continue, its rectification by mechanical means may be effected with greater safety and certainty. D. F. C.

VIII. *First Report of the Committee on Public Hygiene.*—That one of the first labours, proposed and most earnestly entered upon by the congress of physicians assembled from all parts of the Union, should relate to the best means for promoting health and preventing disease, evinces a degree of disinterestedness, a disregard of pecuniary considerations, eminently characteristic of, and highly honourable to, the medical profession. What other profession or calling, depended upon as a means of gaining subsistence, exhibits anything like the same disinterested zeal for abridging human suffering, or makes such noble sacrifices upon the altar of humanity?

The whole scope of hygiene offers far too wide a field to admit of proper investigation by one committee within the compass of a single year. Hence, the limitation made by the committee, to a few subjects connected with the most common and obvious causes, disturbing the health of some of our principal cities and public institutions, was highly judicious.

The committee, consisting of twelve members, appointed at the Baltimore meeting in 1848, undertook, each for himself, to devote special attention to hygienic inquiries connected with his particular place of residence, and the separate reports, when collected, constitute a series of documents of great value.

The most active malign influences, operating in the production of disease and mortality in cities, have their origin in deficient drainage, imperfect street cleaning, bad ventilation, and impure or a deficient supply of water.

The remark made by the committee, that in all towns, whether large or small, which came under the observation of its members, certain causes were invariably found to be in operation, to a greater or less extent, tending to the destruction of human life, and producing a greater mortality than in the adjacent country districts, should, we think, have been somewhat qualified, since it not unfrequently happens that the atmosphere of cities exerts a decided protection against certain diseases, more or less severe and fatal, to which those are exposed in the rural parts adjacent. Witness the "country fever," which attacks at certain seasons all who remain out of town for a single night, in the neighbourhood of Charleston. Witness the remittent and intermittent fevers and dysenteries which prevail in the countries adjacent to large cities, and from which those who remain in town are almost entirely exempt. Waiving the evils flowing from the imperfect ventilation, to which very large numbers are subjected, we regard the inhabitants of cities, when favourably situated, as enjoying greater exemption from acute diseases, especially those of an epizotic character, than the populations of many rural districts in their immediate vicinities. It is unfortunate that we can only furnish arguments more or less speculative upon this question, having, as yet, no statistical data, obtained from

the country, which would enable us to institute strict comparisons, and arrive at positive conclusions. But, taking as a criterion the proportion of mortality exhibited among the inhabitants of the best regulated and best situated large cities, we think this will challenge comparison with that of any rural districts in their vicinities; a fact which we shall soon, we trust, be able to demonstrate by data obtained through a general system of registration.

The exemption enjoyed so often by the inhabitants of cities from the effects of malarious or mephitic exhalations, existing and spreading disease and desolation around them, is a singular and striking fact. We have referred to this in the case of Charleston, and on a former occasion we dwelt upon it as displayed in Philadelphia, the population of which, not exposed to country air at night, entirely escaped the effects of the epidemic influences which, immediately beyond the pavements, and over the whole adjacent country, for seven years caused almost universal sickness with remittents and intermittents. (See this Journal for Nov. 1827, pp. 9-10.) And so it is with an infected district, in the city or out of the city, the emanations from which, like those from an open sewer, cesspool, or other source of mephitic or poisonous gas, all very soon become so diluted as to be comparatively innocuous, losing, within a very short distance from their source, that concentration requisite to the development of disease. The influences which exempt the inhabitants of cities from some diseases, and subject them to others, are worth more particular consideration than we have time or space at present to give the subject.

To get rid of the surplus water and refuse animal and vegetable matters, is one of the first hygienic considerations. Drainage is one of the principal means by which this can be accomplished, and the advantage of having this, wherever practicable, performed through subterraneous canals or sewers, is everywhere acknowledged. These underground drains are often found more or less imperfectly executed, not having the best form at the bottom, or a properly graduated descent, two of the most essential requisites to enable the foul matters they are destined to receive to flow off. Accumulations of putrescent vegetable and animal substances thus made, although covered from the view, are often fraught with greater mischief than if the offensive matters were left above ground, where they might be seen, reached, and removed, or corrected by covering with lime or other antiseptic. It is of the greatest importance that provision be made for the entrance into sewers of a supply of water sufficient to keep up a current strong enough to sweep down everything entering them, and prevent accumulations. Hence the necessity of having these important subterranean works done under the direction of properly educated and competent engineers.

Viewing the immense hygienic advantages derivable from a good system of subterranean draining, the committee indulge the hope that the day is not far distant, when a town without sewerage will be unknown in the United States.

A great disposition has been always shown, and by no means confined to the more illiterate classes, to rely upon protecting agencies supposed to reside in certain substances, possessed of powers to resist the malign influences giving rise to sickness. At the present day, chloride of lime is most generally resorted to with such views, doubtless from the common belief that whatever deodorizes, destroys infectious properties. It must, however, be recollected that the products of decomposition having offensive odours are often less fraught with sickness and destruction than such as are less or not at all appreciable by the olfactories. The impression that whatever corrects odour also disarms pestilential agencies is a dangerous error, which often

lulls persons into fallacious security. The distinction between deodorants and disinfectants should be strictly maintained by the profession, and taught to the unlearned, who are the most apt to suffer from the consequences of not knowing its importance.

Disinfectants must be regarded as of two kinds, namely, those having the power to destroy or neutralize the noxious properties of emanations arising from, or inherent in, certain places, and those which prevent or suspend that decomposition leading to the development of deleterious gases.

The committee mention *Ledoyen's disinfecting fluid*, which is a solution of the nitrate of lead, as possessing a very high reputation at the present time, although other combinations of nitric acid, as those with zinc and wood-fibre, are vaunted as possessing peculiar merits. The principal advantage of Ledoyen's fluid consists in its capacity to remove an offensive smell, without substituting another. The committee very properly regard the effects exerted by these agents as partial and temporary, and not to be depended upon for security in populous towns, to the exclusion of the strictest measures for removing the sources of disease, so far as these can be traced to uncleanness and atmospheric impurity.

The committee have said nothing in relation to the disinfectant qualities of quick-lime, probably taking it for granted that its virtues are so well known as to need no particular reference. In our view of the matter, this substance should never be slightly noticed by those interested in pointing out the best disinfectants.

Lime—by which we mean burnt carbonate of lime, unslaked—is commonly looked upon as a powerful decomposer of animal and vegetable substances; but it is, in fact, one of the most efficient agents for arresting their decomposition. When applied in substance in its most caustic state, it corrodes or disorganizes organic structures; but the destruction thus produced is attended with results very different from that decay which takes place ordinarily in vegetable and animal substances subject to the combined influences of heat, moisture, and atmospheric exposure. In many places, where the foul matters are associated with a moderate amount of water, the liberal addition of quick-lime will take up, in the process of slaking, nearly its own weight of moisture, and thus produce a degree of desiccation capable in itself of arresting the process of decomposition. The abundance with which lime is diffused throughout nature places within the reach of everybody the most valuable of all the disinfectants with which we are acquainted.

A letter from Dr. Thomas Harris, Chief of the Bureau of Medicine and Surgery in the Navy Department, on the use of disinfectants, gives the results of experiments, instituted by that bureau, for the purpose of testing the value of various disinfectants, as applicable to ships and hospitals. The articles which received special attention were the nitrates of iron, zinc, and wood-fibre, as prepared and applied by Mr. Robert Grant, together with the disinfecting fluid of M. Ledoyen. Those interested in this subject will of course refer to this document, which closes with the following most significant observation from Dr. Harris: "While desirous of affording every facility for averting and controlling disease, it has never been either the policy or wish of this bureau to give to such agents any other than an accessory importance. By a rigid observance of that internal police which the principles of naval hygiene recognize as indispensable to the preservation of health on ship-board, it is believed that the necessity for recourse to 'disinfectants' would be almost entirely, if not wholly, averted."

With these remarks and suggestions, drawn out by the observations em-



braced in the general report, we proceed to notice some of the more striking facts included in the individual reports, which are furnished from Portland, Maine, by J. T. Gilman, M.D.; Concord, New Hampshire, by Charles P. Gage, M.D.; Boston and Lowell, by J. Curtis, M.D.; New York, by John H. Griscom, M.D.; Philadelphia, by Isaac Parrish, M.D.; Baltimore, by James Wynne, M.D.; Charleston, by P. C. Gaillard, M.D.; New Orleans, by Edward H. Barton, M.D.; and Louisville, by L. P. Yandell, M.D. These special reports are rendered in the form of answers to a series of queries propounded by the general committee.

As this report occupies no less than 222 pages, it is impossible for us to present anything like a detailed notice of the numerous important observations it contains. Not only the physician, but the general inquirer, and especially the philanthropist, will be amply rewarded for its perusal by the particular information to be obtained relative to the condition and management of hospitals, insane institutions, dispensaries, public schools, prisons, churches, &c. &c., with which the different reports abound.

The notice by Dr. Gage of the sanitary condition of Concord, with its population of about 8,000, shows a high degree of salubrity, if full dependence is to be placed in the statement of deaths presented for each of a period of nine years, during which time the deaths, per annum, ranged from 1 in 50 to 1 in 101 of the whole population. The subjects of more than one-third of all the mortality were under the tenth year.

Dr. Gage has given his views of the effects of tea and coffee upon health, and we feel compelled to say that we regard his denunciation of these articles as much too sweeping and unqualified, and savouring not a little of the fanatic zeal manifested by the Grahamites and ultra-temperance party. We think that the abuses of these and many other things should not blind us to the advantages to be gained from their judicious use. The infusions of tea and coffee we regard as cordial beverages of the highest excellence, administering to the nervous system that kindly support against languor and depression which is so often needed, and which, if not relieved by some such agency, would often lead to despondency, unfounded apprehensions as to health, or some other moral or physical evil. In saying this much, it is proper to add that the common abuse made of tea and coffee by substituting them at meals for nutritious aliment, and thus swilling down large quantities of strong, nervous excitants, is very much to be condemned. But, used legitimately—that is to say, in the moderate quantities in which they are taken occasionally by the Chinese and Arabs, from whom we derive them—not employed as substitutes for food, but taken as cordials, at proper intervals of time—tea and coffee are only equalled in their refreshing and sustaining effects by nature's grandest restorative, "balmy sleep." Those who wish to be posted up in all that science has revealed in regard to the ultimate chemical principles of tea and coffee, and their proximate effects upon the system in general and the nervous organization in particular, we refer to Dr. Jackson's admirable paper on this specific subject, which constitutes article H—13 of the Report on Hygiene.

From Dr. Griscom's long and interesting report of the condition of things in the Empire City, we are pleased to learn that the arrangements for drainage are good and improving. But he is fain to acknowledge that, as far as regards street cleaning, all the plans yet resorted to must be regarded as failures. In the more densely populated parts, the ventilation of the streets is exceedingly imperfect, whilst that within the dwellings is as bad as it can be. His descriptions of the wretched situation of the poor in many of the closed

alleys and crowded courts are calculated to excite philanthropists to the most active efforts to accomplish reform.

The account of the sanitary condition of Philadelphia, by Dr. Parrish, contains a very large amount of highly interesting matter, much of which relates to the original plans of the intelligent and benevolent founder of the city, and the evils that have followed the departures from these, especially from encroachments by building upon grounds intended for public avenues, and the subdivision of squares or blocks which were originally intended to have dwellings only on the four sides, with open spaces in the middle for back yards and garden plots. With the increase of population, the value of ground was enhanced, private alleys and courts were laid out and built upon, the population thus became crowded and badly situated, and the causes of disease multiplied. Dr. Parrish denounces very forcibly the system of pent-up courts and crowded alleys so often met with in the city limits, originating in the designs of mercenary proprietors to fill their coffers, regardless of the evils from discomfort and sickness to which occupants of their tenements must necessarily be subjected from their neglect and disregard of arrangements calculated to promote health, and expresses regret, in which we heartily join, that, as yet, no efforts are interposed to check the evils calling so loudly for the interposition of legislative provisions for sanitary reform.

Having, several years since, (see this Journal for Nov. 1831, pp. 27-28,) taken occasion to animadvert upon these evils, we are fully prepared to appreciate the force of Dr. P.'s descriptions and observations, to which we would invite the special attention of all interested in this most important subject. The necessity for legislative interposition, to prevent the further extension of such palpable public evils, appears to us so great that we sincerely hope some combined action may soon prove successful, in effecting a salutary change.

Under the head of *Ventilation*, Dr. Parrish adverts to some evils arising from the introduction of anthracite coal as a fuel—one of which is the construction of furnaces for supplying private and public buildings with heated air, instead of warming them by the old means of fire-places and grates, which last admitted of a free circulation and change of air. As now generally arranged, with rarely any special provision for renewing the air, there cannot be a doubt that furnaces often act prejudicially upon life and health, by preventing a proper ventilation.

The subject of the influence exerted upon health by confinement in prisons and penitentiaries being now greatly agitated, those interested may find much important information relating to the topic in Dr. P.'s contribution.

The Report of Dr. Curtis on the Hygiene of Massachusetts, which is an elaborate, well drawn up, and highly interesting document, shows that this commonwealth maintains her usual prominence whenever works of public utility are to be carried out. Having, for seven years past, been the only State possessing a general system of births, marriages, and deaths, the information obtained through the annual reports upon these topics furnishes Dr. Curtis with valuable materials for his investigations, such as could nowhere else in the Union be found in connection with a whole State. It must be acknowledged that these registration reports are as yet far from having attained the desired perfection, but, defective as they are, they nevertheless present a large fund of most valuable information.

Dr. Curtis furnishes some important information connected with the condition of factory labourers, especially those of Lowell, whose large proportional mortality has occasioned much serious comment with regard to its chief causes. He has given the substance of his views in a series of conclusions,

one of which states that, though many points connected with the situation of the operative population of Lowell demand attention, yet to imperfect ventilation, or rather to an absence of ventilation, more than to any other cause, can be traced the origin of impaired health.

Dr. Curtis presents a strong picture of the frightful ravages of diseases originating in ignorance or disregard of the principles of hygiene, as ascertained through investigations made by many intelligent persons who have investigated the subject, especially in Europe. The information embodied in his paper, and the cogency of his remarks, will doubtless attract general attention, and, we trust, help to enlist a greater number of those effective operators by whom the most salutary ameliorations are achieved.

From Dr. Wynne's report upon the condition of things in Baltimore, it is apparent that those who have heretofore been empowered with authority to take measures for the preservation of public health have much to answer for on the score of neglect, and those who are to succeed them have much to do in order to place that beautiful city under the most favourable hygienic conditions. This interesting statement will accomplish a useful mission, if it serves to awaken the attention of the enlightened citizens of Baltimore to the evils existing among them, and stimulate the proper authorities to undertake their removal or correction.

Dr. Gaillard's report on the sanitary condition of Charleston, S. C., conveys to us a more favourable impression, in regard to the chances of life in Charleston, than we were prepared to receive from a place so generally considered unhealthy. Since the rebuilding of the town after the dreadful fire by which, in 1838, one-third of the buildings were laid in ashes, the city register states that no epidemic or yellow fever has occurred, the average mortality from the ordinary diseases being one in fifty-two. The statements made by Dr. G. furnish valuable evidence in favour of the health-protecting influences exerted by proper drainage and the extensive application of our disinfectant *par excellence*, lime.

In regard to the much mooted question of the importation of yellow fever, Dr. Gaillard informs us that, although a subject of controversy in Charleston, the opinion of the profession generally is very decided against the idea of importation, which, he thinks, would involve, in some measure, the idea of contagion. Comparatively few believe in the transmissibility of the infection of yellow fever, among whom he names the very high authorities which must be conceded to the names of Professor Dickson, late of the Medical College of South Carolina, and Dr. B. B. Strobel. Dr. Gaillard's conclusions upon this subject, and the advantages of quarantines, are indicative of great candour and intelligence.

The Sanitary Report furnished of New Orleans, by Dr. Barton, though, as a literary production, obnoxious to criticism, being very obscurely written, and exhibiting many other faults in style, communicates some interesting facts relative to that very peculiarly situated city. It is accompanied by a meteorological chart, and tables, with a plan of the city plot, all of which convey useful information upon their respective subjects. The weather chart shows to the eye the fluctuations of the thermometer, barometer, dew-point, and record of the rain gauge during every month of the year. The ground plan gives a profile line of the water levels, showing that the river at high water rises about fourteen feet above the level of the swamps, and that the draining company have actually drained five feet below this. This draining company has been steadily engaged, since 1835, in the pursuit of its destined objects, digging the proper canals, and arranging steam pumps to raise and

throw the water beyond the embankments. The results of its labours have proved most favourable. Formerly, water was found within a few inches of the surface, and in making interments in the cemeteries the coffins had to be sunk by weights. Dr. Barton informs us that now the boggy swamps, formerly impassable by man or beast, and which were in the almost sole possession of reptiles, are reclaimed and brought into a dry condition, so as to admit of cultivation and the habitation of man. Dr. B. lays the greatest stress upon the importance to health of thorough drainage, and he is fully warranted in doing so by the strikingly good results obtained from it in other places where it has been adopted. When the various measures of hygienic reform, referred to by Dr. B., shall have been fully carried out, he states his belief that this golgotha of the southwest may become the healthiest large city of the Union, and, withal, one of the pleasantest places of residence. But he is compelled to admit that, as yet, hygienic observances have done little for New Orleans.

In referring to the causes of the heavy mortality of the place, Dr. B. states it to be perfectly evident that the climate *per se* has less to do with it than other agencies, an observation which opens the way to a consideration of the evils resulting to health from the excessive use of alcoholic drinks, common among those who reside in, or resort to, New Orleans.

We pass over the comparatively short letters of Drs. Yandell and Harrison, in relation to the sanitary conditions of Louisville, Kentucky, and Cincinnati, Ohio, to refer to some of the observations made by Dr. Fenner, the medical officer having charge of the yellow fever quarantine of New Orleans. Dr. Barton, to whom the sanitary report of New Orleans was confided, requested Dr. Fenner to examine the subject of yellow fever, with the view of showing how far it may be affected by hygienic measures, and what advantages or disadvantages result from the present system of quarantine regulations.

Dr. F. differs from those who regard yellow fever as a *specific disease*, and looks upon it as only *one of the forms of endemic malarial fevers, occurring at irregular intervals*. Admitting it as an incontrovertible fact that "there must be something within the city which gives rise to the morbid cause," he very reasonably infers that, by diligent search, those mischievous somethings might be discovered and removed. Should the adoption of proper hygienic measures have the happy effect of protecting New Orleans from future pestilential visitations, it will not necessarily lead to the conclusion that there never existed any just grounds for believing in the foreign origin of yellow fever. Those who hold that the infection of yellow fever may be imported maintain that this can only take place under certain conditions favorable to its inception and propagation, as we have already seen explained in Dr. Gaillard's report of the sanitary condition of Charleston, in which he introduces the views of Professors Dickson and Strobel, whose eminence for professional intelligence, and ample opportunities of making observations upon the subject, entitle their opinions and conclusions to high consideration.

G. E.

IX. *Report of the Committee on Adulterated and Sophisticated Drugs.* By USHER PARSONS, Chairman.—For years it has been known that knavish and unprincipled dealers were in the habit of becoming rich, by reducing the strength or changing the qualities of their medicines; but, with the exception of a feeble voice occasionally raised against such practices, or a distant murmur of complaint which was lost before it had travelled far, no decided evidence of disapprobation was manifested. The evil becoming at length too onerous to bear, a self-protective spirit has been roused on the part of the medical and pharmaceutical profession, which, we hope, will not

be permitted to slumber until an immunity is procured from farther imposition. It has required no little moral courage to breast this hydra evil, supported and sustained as it has been by influence, capital, and cunning; hence, infinite credit is due the individuals and bodies who have roused themselves to the effort to effect its overthrow. About ten or fifteen years ago, essays appeared in the *Journal of Pharmacy* on the sophistication of drugs, from the pens of Mr. William Hodgson, of Philadelphia, and the late Professor Fisher, then of Baltimore; these, with notices of the adulteration of specific substances, as they occasionally presented themselves, constituted all the efforts made to protect the public, until 1845, when, upon the occasion of an importation of impure blue mass into New York from England, the College of Pharmacy of that city placed its condemnation upon record against such practices in a withering letter of rebuke from its president, the stern and uncompromising advocate of honest trade, the late Constantine Adamson. The same college continued its good work in several disclosures of fraud, until, in August, 1847, it memorialized Congress to legalize measures to place a check upon this foreign traffic in vile and worthless drugs. It was supported in this petition by the Philadelphia College of Pharmacy and other associations, and happily met with a most able champion on the floor of Congress in Dr. T. O. Edwards, of Ohio. The attention of the American Medical Association was drawn to this subject by the gentlemen just named, and a memorial to Congress was adopted by them at their meeting in 1848, and with the weighty influence of the Association a bill was passed, which, from the report of the enlightened inspector of New York, Dr. Bailey, has worked admirably. As the law now exists, nothing but a breach of trust, or ignorance, on the part of the inspectors at the ports of entry, can again inflict upon the community the evils resulting from a reckless disregard of honesty in foreign traders.

At the meeting in 1848, the Association likewise adopted the following resolutions:—"That a committee of five be appointed to report at the next annual meeting of the Association: 1. The nature and extent of the sophistication and adulteration of drugs, as practiced by the wholesale dealers and retail druggists. 2. The best means for the prevention of the evil, in its various forms." The report now under consideration is the result of this resolution. Of course, it is but partial, and consequently short, being confined to the specification of certain prominent adulterations which are of *home origin*, complying in this respect with the first clause of the resolution, and making some suggestions in compliance with the second.

Nothing important or novel is communicated in the enumeration of the articles adulterated, or the means of accomplishing it. To all conversant with the drug market, the details are familiar. The report of Dr. Bailey to the New York Academy of Medicine is largely quoted. Various methods have been proposed to counteract the practice of home sophistication; among others, the enactment, on the part of legislatures, of such laws as will tend to suppress the practice by rendering it penal, and to be prosecuted as any other species of fraud. This plan is not commended by the report, for the following reasons: "That there would be no uniformity of action in the legislatures of thirty sovereign and independent States; that the results of their legislation would resemble a piece of mosaic; and, in addition, the amount of information, thus far collected, is not sufficiently definite or extensive to justify immediate legislative measures." With respect to the first of these reasons adverse to legal enactment, it may be stated that the same would apply to any other species of crime forbidden by diverse modes of prohibition in every State of the Union. With respect to the latter, an effort on the part of a

judiciary committee would soon bring to light the requisite materials for a penal bill. Committees acting in a private capacity, either as inquirers or inspectors, avail nothing, as has been amply tested by the experience of the committees of inspection appointed by the Colleges of Pharmacy; the recommendation, therefore, of the report that such should be appointed in each State, will not, we fear, effect a great deal, for the reason given in stating the difficulties encountered in framing the report, viz., that, in making inquiry of "wholesale and retail dealers," they "have been found unwilling to act as informers against the implicated, or to give statements except of a general character."

The other means recommended, the diffusion of information among the people generally, and by the aid of a manual in common, non-technical language, we fear would be as unavailing. A manual must be useful; a good one has been published by Dr. Beck, which, if extended and rendered a little more practical by one actually in trade, with all the lights of science at his command, would answer the purpose admirably. The community generally are entirely dependent, and must remain so, upon those in whose hands their dearest interests are entrusted. It cannot be made the judge of things which require educational training; where deceived, then, it must inevitably be through the falsehood, dishonesty, or ignorance on the part of apothecary or physician. On these lies the blame, and at their door is to be placed the imposition. There exists a pernicious practice of cheapening every article to the lowest point of reduction, which is detrimental to all trade, and in defiance of common sense. Not only genuine drugs are required to be sold at prices which do not pay for their importation, but even preparations of the precious metals are required for less than the cost of the crude material. We have known both pharmacutists and physicians to go from store to store seeking the least expensive articles without regard to quality, the sole object being to procure an article which could be made to yield the largest profit. Of some medicines, two kinds have been manufactured to suit this morbid appetite, for, where a thing is sold for less than it is worth intrinsically, there must be some deviation from rectitude to warrant it. As an instance, may be cited the two qualities of nitrate of silver, one pure, the other with nitrate of potassa fused with it in quantity to suit customers. Now, although first sales may be honest, yet in second and third sales fraud will enter, and we do not hesitate to pronounce such practices on the part of manufacturers as a collusion.

The subject of adulterated drugs has been held over for the next meeting of the Association, with a larger committee, and we hope their work will be productive of still more important and beneficial results. J. C.

*X. Report of the Committee on Indigenous Medical Botany.* By N. S. DAVIS.—The first part of the report is a plea for the cultivation of this department of knowledge.

Irrespective of the intellectual gratification which such knowledge produces, the superior influence and usefulness which a practitioner acquires within the limits of his own community would be sufficient, we should suppose, to stimulate him to study and to explore the area of his circuit. Interest also would prompt where other reasons might be inoperative. In a previous report (for 1848) the effect which enlightened scientific research would have in protecting the ignorant public from the imposition and deception of empirics has been sufficiently set forth by the author of this report, and we heartily endorse the representations there presented. Professed botanists are not needed to bring out the hidden resources of the whole country, were the great body of medical

men enlightened even to a small extent in the principles of the science, and possessed of a modicum of industry to make them available. As collectors and observers within a limited space, a subdivision of labour would effect as much as that of the bee in forming a single cell, which, when fitted to others, contributes to the completion of the comb. The results of such inquiries being at command, a single comprehensive mind could readily co-ordinate and form them into system. We hope the day is not distant when each physician will from education be enabled to become a worker in a hive of scientific inquiry.

Besides general remarks, the report contains information upon two articles, viz., *Sarracenia* and *Cornus Florida*. The virtue of the first is based upon the contributions of Dr. Porcher, of South Carolina; that of the second, upon those of Dr. O'Keeffe, of Georgia. The root of the *sarracenia* having been examined by Dr. C. U. Shepherd, it was inferred "that, besides lignin, colouring matter, and traces of a resinous body, it contains an acid salt of lime (the acid being neither the tannic nor the gallic, but possibly one altogether new), and a salt of some alkaloid, related, perhaps, to cinchonia, which, should it prove new, may be called the *Sarracenic*." To Dr. Porcher it proved diuretic, with uneasiness in the alimentary canal, a feeling of congestion about the head, irregularity and frequency of the pulse, and stimulating to the appetite. It has been used in dyspepsia.

Dr. O'Keeffe recommends an alcohol-aqueous extract of the *Cornus Florida* bark, fifteen ounces of good extract being procurable from ten pounds of bark. The experiments of Dr. O'K. exhibited a slight increase of the pulse, augmentation of heat of surface, general perspiration, a sense of fulness and slight dull pain over the frontal eminences, much increased on placing the head forwards and downwards, and uneasy feelings in the stomach and bowels. From what is stated of the preparation in the paper of Dr. O'K., certainly it is better in the treatment of intermittent and other fevers, than the inferior extracts of cinchona.

Appended to this report, are two others, one of which is on the indigenous medicinal plants of South Carolina, by Dr. Porcher. It is very elaborate, and characterized by great research and industry. As a catalogue, it was first published in the *Charleston Medical Journal*. The other is on the botany of Massachusetts, by Dr. Stephen W. Williams, also previously printed as a catalogue. Such reports contribute to the general stock, which, when so multiplied as to cover the whole extent of our country, will present the materials for the formation of a comprehensive medical flora. Some criticism might, we think, be expended upon the modes in which those presented have been drawn up, and their redundancy or paucity of detail exhibited. For the present, however, we forbear to extend our remarks, in the hope that another opportunity will be offered. Their value must be fully appreciated. J. C.